

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | 58       |        | 8-28-01  |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | H.L.     | 1079   | 09/28/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

TC# 1079

790  
 09/28/01